## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	6-19-2013	Address:	426 W Campbell St.
Incident #:	13ISPC006046		Paoli, In
County:	Orange		47454
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
<ul><li>☑ Operational Lab</li><li>☐ Chemical/Glassware/Equipment (only)</li><li>☐ Dumpsite (only)</li></ul>		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all that  ☐ One Pot or ☐ Red Phosp ☐ Hydrochlo ☐ Flammable ☐ Water Rea ☐ Anhydrous ☐ Corrosive ☐	Birch Reaction(s): Bathroom  shorous/Iodine Reaction(s):  ric Acid Gas Generator(s):  e Solvents: Bedroom  ctive Metal (Lithium): in the reaction  s Ammonia: in the reaction vessel  Acid: Bathroom  Base: in the reaction vessel  and location):		
Owner: VIN: Year:		Make: Model:	
$\boxtimes$ Yes $\underline{3}$ (nu $\underline{\square}$ No	nge 18 discovered (check appropriate) mber present) of present but evidence they reside	⊠ unclean Estimated leng occurring: <u>unk</u>	ons of home: clean disarray disarray of time manufacturing had been nown ormation:
This report ha	as been faxed* or emailed to the foll	owing agencies that	serve the location:
Fire Department Health Department	nt City, Township or County <u>Paoli VF</u> nent County: <u>Orange</u> Child Services Hotline: <u>dcshotlinere</u> p	<u>TD</u> Fax: Fax: (812) 7	(812) 723-9489 23-7117
	mation regarding this methamphetami		

Investigating Officer: Magill Phone (812) 482-1441 \*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.